

If you are registered with WorkSafeBC and need to report that your business has recently amalgamated, please complete this form and **enclose the Certificate and/or Articles of Amalgamation** issued by the registrar. Your amalgamation cannot be processed without your Certificate and/or Articles of Amalgamation.

You can print this form and complete it by hand, or you can complete it digitally. To complete it digitally, you must use Adobe Acrobat. If you don't already have Acrobat on your computer, you can [download Adobe Acrobat Reader](#), a free app. **Please note the form's functionality will not work properly if the form is opened in an internet browser such as Microsoft Edge or Google Chrome.**

Open the form in Acrobat by going to your Downloads folder and right-clicking on the PDF file. Select Open with > Adobe Acrobat Reader. Type your information in the form, attach a digital file of the certificate and/or articles by clicking the **Attach** button, then click the button near the end to check that all your attachments appear in the Attachments panel.

1. Firm and contact information

Business mailing address		City	Province	Postal code
Business phone number	Business email address		WorkSafeBC account number	
Contact person's name	Role	Phone number	Email address	

2. Information on the newly amalgamated firm

Legal name of firm or individual		Trade name (if different from legal name)		
Street address		City	Province	Postal code
Business website	Incorporation number		Canada Revenue Agency business number <small>(first nine digits only)</small>	
Provide the Certificate and/or Articles of Amalgamation. If you are submitting this form digitally, you can attach digital files of the certificates by clicking the <b>Attach</b> button.				[Attach]

3. Contact details of shareholders who are active in your firm

1. Shareholder's first name	Middle name	Last name	Date of birth (yyyy-mm-dd) (required)	Phone number	
Street address			City	Province	Postal code
2. Shareholder's first name	Middle name	Last name	Date of birth (yyyy-mm-dd) (required)	Phone number	
Street address			City	Province	Postal code
Do you have additional active shareholders? (If yes, please list them in a separate document; if you are submitting digitally, attach the list using the <b>Attach</b> button above)					
<input type="checkbox"/> Yes <input type="checkbox"/> No					

4. Amalgamating corporations

1. Name of firm	WorkSafeBC account number
Actual payroll for final year (January 1 to date of amalgamation)	Effective date when the firm ceased operating (yyyy-mm-dd)
Describe the operations being carried out prior to the amalgamation	
2. Name of firm	WorkSafeBC account number
Actual payroll for final year (January 1 to date of amalgamation)	Effective date when the firm ceased operating (yyyy-mm-dd)
Describe the operations being carried out prior to the amalgamation	
Do you have additional amalgamating firms? (If yes, please list them in a separate document; if you are submitting digitally, attach the list using the <b>Attach</b> button on page 1) <div> <input type="checkbox"/> Yes           <input type="checkbox"/> No         </div>	

5. Business operations

Describe your firm’s business operations in B.C.	Start date of operations under newly amalgamated company (yyyy-mm-dd)
Are the operations of all firms involved in the amalgamation moving to the new firm? <div> <input type="checkbox"/> Yes           <input type="checkbox"/> No         </div>	
If no, please explain what operations are not moving	

6. Affiliated firms

Are you affiliated with other firms? (If yes, complete the table below) <div> <input type="checkbox"/> Yes           <input type="checkbox"/> No         </div> <p>For WorkSafeBC purposes, firms are affiliated when any of the following apply:</p> <ul style="list-style-type: none"> <li>One firm controls another firm, directly or indirectly, through one or more intermediaries or other means</li> <li>Both firms are controlled by the same person or group of people</li> <li>The firms are controlled by family members — immediate, extended, or equivalent</li> </ul> <p>An example of an affiliated firm would be when the shareholder of a limited company also operates a proprietorship. In this case, although the firms may not be working together, the firms are affiliated due to common control.</p>
--

List all affiliated firms currently or previously registered with WorkSafeBC that are not involved in the amalgamation.

Firm name	WorkSafeBC account number	Name(s) of principal(s)

## 7. Certification and permissions

☐ I certify that the information I have provided is, to the best of my knowledge, accurate and complete

I grant permission to WorkSafeBC to transfer any applicable credit to the new account

☐ Yes ☐ No

If you are completing this form in Acrobat, click the Check attachments button to see an Attachments panel and verify your files are there. [Check attachments]

WorkSafeBC is committed to protecting privacy and personal information as defined by the *Freedom of Information and Protection of Privacy Act*. Please be aware that sending information by email means it could be either stored at or routed through locations outside of Canada, where different data security standards may apply. WorkSafeBC takes the required steps to protect the security of personal information by using encryption when we email you. Emails may not be protected by encryption once they are received by your email service.

By checking "Yes" below, you give WorkSafeBC permission to communicate with you by email. You can withdraw your permission in writing at any time.

I grant permission to WorkSafeBC to send me emails that may contain personal information

☐ Yes ☐ No

Name (please print or type)	Title or relationship to firm	Phone number
Date (yyyy-mm-dd)	Signature (If completing digitally, click below and follow the prompts to add your Digital ID in Acrobat. Do not use Fill & Sign to add your signature in Acrobat.)	

## How to submit this form

The easiest way to submit this form is digitally. Save the completed form to your computer, create an email to [AssessReqClassRev@worksafebc.com](mailto:AssessReqClassRev@worksafebc.com), attach the form, then click **Send**.

If you've printed the form and completed/signed it by hand, you can scan it and email it, or you can mail it to PO Box 5350 Stn Terminal, Vancouver, BC, V6B 5L5.

Are you ready to submit this form?

☐ Yes, I have completed all the necessary fields and signed this form.

WorkSafeBC collects information on this form for the purpose indicated on the form and in accordance with the *Freedom of Information and Protection of Privacy Act*. To learn more about the collection of personal information, contact WorkSafeBC's FIPP Office at PO Box 2310 Stn Terminal, Vancouver, BC, V6B 3W5, email [FIPP@worksafebc.com](mailto:FIPP@worksafebc.com), or call 604.279.8171.